

## **Application Data Sheet**

### **Application Information**

Application number::	
Filing Date::	07/01/03
Application Type::	Regular
Subject Matter::	Utility
Title::	METHODS AND DEVICES FOR TREATING ANEURYSMS
Attorney Docket Number::	020979-000510US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	8
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	MARK
Family Name::	DEEM
City of Residence::	Mountain View
State or Province of Residence::	CA
Country of Residence::	US
Street of Mailing Address::	685 Sierra Avenue
City of Mailing Address::	Mountain View
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94041

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: HANSON  
Middle Name:: S.  
Family Name:: GIFFORD  
Name Suffix:: III  
City of Residence:: Woodside  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 3180 Woodside Road  
City of Mailing Address:: Woodside  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: BERNARD  
Family Name:: ANDREAS  
City of Residence:: Redwood City  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 633 California Way  
City of Mailing Address:: Redwood City  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US

Status:: Full Capacity  
Given Name:: SUNMI  
Family Name:: CHEW  
City of Residence:: San Jose  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1599 Martin Avenue  
City of Mailing Address:: San Jose  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95126

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: RON  
Family Name:: FRENCH  
City of Residence:: Santa Clara  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1564 Heatherdale  
City of Mailing Address:: Santa Clara  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95050

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: DOUG  
Family Name:: SUTTON  
City of Residence:: Pacifica  
State or Province of Residence:: CA

Country of Residence:: US  
Street of Mailing Address:: 1595 Adobe Drive  
City of Mailing Address:: Pacifica  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94044

**Correspondence Information**

Correspondence Customer Number:: 20350

**Representative Information**

Representative Customer Number:: 20350

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/393,697	07/02/02